



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

RECEIVED

By Carol Day at 11:51 am, Dec 30, 2014

INTOX EC/IR II MAINTENANCE REPORT

REPORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SN
12675

NAME OF AGENCY
Hazelwood Police Dept.

DATE OF INSPECTION
12/17/2014

LOCATION OF INSTRUMENT (STREET AND CITY)
415 Elm Grove Lane Hazelwood

TIME OF INSPECTION
08:26 CST

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

☒ BLANK CHECK

☒ CO2 CHECK

☒ FC 1 TEMP

☒ FLOW CHECK

☒ SRC TEMP

☒ FCB CHECK

☒ DET TEMP

☒ CRC COMP CHECK

☒ BT TEMP

☒ CRC CAL CHECK

☒ STD 2 TEMP

☒ PRINT TEST

☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Intoximeters LOT# AG400803 EXP. DATE 01/08/2016

☐ SIMULATOR TEMP (34°C ±0.2°C)

SIMULATOR S/N

SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE

☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE

☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.100 g/210L

TEST 2 0.100 g/210L

TEST 3 0.100 g/210L

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 0 0-.04 0 .05-.09 0 .10-.14 0 .15-.19 0 OVER .19 0

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

INSPECTING OFFICER

SIGNATURE
TYPE II PERMIT NUMBER
230269

PRINT FULL NAME
KRISTO, ANTHONY
TELEPHONE NUMBER
(314) 838-5000

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)
3500 Bernard Street
St. Louis, Mo. 63103
Ph: (314) 533-3100
Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Intoximeters, Inc.
2081 Craig Road
St. Louis, Mo 63146

Test Date: 8-Jan-2014

Lot # AG400803

Exp. Date
8-Jan-2016

Cyl. Type
108

Component
Ethanol
Nitrogen

Certified Concentration
0.100 ± 2% BrAC (272 ppm)
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

<u>Serial No.</u>	<u>Concentration</u>
EB0010603	392.5 ppm
EB0010559	258.9 ppm
EB0010595	208.9 ppm
EB0010562	104.9 ppm
EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control
Date: 2014.01.09 08:42:24 -06:00
Reason: Dry gas standard certification of analysis
Location: Airgas USA LLC (Lab)

Analyst: 
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01